

PENNSYLVANIA DEPARTMENT OF HEALTH  
VITAL RECORDSIf Veteran (✓) ☐  
See Other Side**APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD**  
RECORDS AVAILABLE FROM 1906 TO THE PRESENT**PRINT OR TYPE**

ALL ITEMS MUST BE COMPLETED

OFFICE USE ONLY

INDICATE NUMBER OF COPIES IN BOX		<input type="checkbox"/> BIRTH \$4.00	<input type="checkbox"/> DEATH \$3.00	If social security number is known of deceased		
Date of Birth OR 1. Date of Death		Place of Birth OR 2. Place of Death		County	Boro/City/Twp.	File No.
Name at Birth OR 3. Name at Death				4. Sex	5. Age Now	Searched By
Father's Full Name		First	Middle	Last		Type By
6. Mother's Maiden Name		First	Middle	Last		File Date
7. Hospital		Funeral Director				Refund Ck. No.
9. REASON FOR REQUEST. THIS ITEM MUST BE COMPLETED						Date Amt.
10. HOW ARE YOU RELATED TO PERSON IN NUMBER 3?						
In accordance with §4904, Unsworn Falsification to Authorities, I state the above information is accurate. (If subject is under 18, parent must sign.)						
11. Signature Required: Please sign here.						
12. Mailing Address						
13. City, State, Zip Code						
14. Daytime Phone		Area Code:		Number:		
FEE FOR CERTIFIED COPIES ARE: BIRTHS \$4.00 DEATHS \$3.00 NOT REFUNDABLE						
DO NOT SEND CASH Make Check or Money Order Payable to VITAL RECORDS						
PLEASE ENCLOSE A LEGAL-SIZE SELF-ADDRESSED STAMPED ENVELOPE FOR RETURN OF COPIES IF ALL ITEMS ARE NOT COMPLETED, APPLICATION MAY BE REJECTED						
						<input type="checkbox"/> Prev. Amend. <input type="checkbox"/> Adopt <input type="checkbox"/> Affidavit <input type="checkbox"/> Usage <input type="checkbox"/> Court Order <input type="checkbox"/> Issue Affidavit

**DO NOT REMOVE THIS STUB**

If birth or death occurred in:

Mail application to:

- |                 |   |  |
|-----------------|---|--|
| 1) Philadelphia | — | Division of Vital Records, 1400 W. Spring Garden St., Room 1009, Philadelphia, PA 19130-4090 |
| 2) Pittsburgh   | — | Division of Vital Records, 300 Liberty Ave., Room 512, Pittsburgh, PA 15222-1210             |
| 3) Erie         | — | Division of Vital Records, 1910 West 26th St., Erie, PA 16508-1148                           |
| 4) Scranton     | — | Division of Vital Records, 100 Lackawanna Ave., Scranton, PA 18503-1928                      |

Print or type name and address in the space below.

Name
Street
City, State, Zip Code

FOR ALL OTHER AREAS  
MAIL COMPLETED APPLICATION TO:  
**PENNSYLVANIA DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS  
P.O. BOX 1528  
NEW CASTLE, PA 16103-1528**  
or visit our public offices at  
101 South Mercer Street, New Castle or  
Room 120 Health & Welfare Bldg. Harrisburg

## REQUIREMENTS FOR FREE COPIES

1. Records of Veterans, Veteran's Spouses, and their minor children will be issued free.
2. Rank, Branch of Service, Service Number, and mailing address of veteran or dependent must be supplied.

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### THIS PORTION TO BE COMPLETED BY VETERAN OR VETERAN'S DEPENDENT ONLY

Veteran's Name \_\_\_\_\_

Service Number \_\_\_\_\_

Rank and Branch of Service \_\_\_\_\_

Signature of Veteran or Spouse \_\_\_\_\_

Are You the Veteran? Yes ☐  
No ☐

If Not, What is Your  
Relationship? \_\_\_\_\_

Mailing Address of Veteran or Dependent \_\_\_\_\_

\_\_\_\_\_